

# Almoners and the Health Service

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THERE is a sense in which an almoner is still a person who "dispenses alms." I know the word "charity" is anathema in the Welfare State—more's the pity—there is still room for charity of mind, charity of judgement, charity in counsel. They are of the essence of the almoner's work; they are the alms she dispenses.

Unfortunately the almoner was at some times and in some places betrayed into accepting a role which was entirely contrary to her principles. When the voluntary hospitals began to get into financial difficulties and patients' contributions were accepted, it was the almoner's job to see that no one paid *more* than they could afford. As the hard times became harder, some hospitals pressed the almoner to modify her tactics and extract as much as she felt she could. A faint odour of extortion followed the almoner into the National Health Service, but it was totally undeserved.

I am going to tell you a story to illustrate the qualities a good almoner must have. It concerns an assistant cook at a London hotel. He did not know it, but he had a developing cataract in both eyes. He walked along the Thames Embankment one bright sunny morning, and when he reached the hotel went down into the dark basement where every morning he was accustomed to shave. When he looked into the glass he could not see his face. He thought he was blind and he feared he would be a burden on his family. He cut his throat. We kept him in hospital for several months, and repaired his throat, cured his ruptures and operated on his cataracts. Meanwhile what had the almoner done? She persuaded the police to leave him in our hands and the manager of the hotel to keep his job open. She found his wife a job and sent the children—one to a seaside home and two to foster-parents in the country. When the day came for the man's discharge from hospital, what did he find? His job was still his, his home was preserved, his wife was proud of the way she had kept it together by her own earnings and the children were rosy with health. The family were reunited—healthy, happy and full of hope.

Now what was it the almoner possessed that enabled her to accomplish that task? Compassion tempered with wisdom, and energy directed by a personality that could impress the manager of a big hotel, even against his interests. She knew by her training how to utilise the Local Authority resources; and what is more, had established relations with them that ensured prompt attention. She

was trusted. She had a reputation that made her recommendation of the wife for a job effective. She had a way with her that persuaded the mother to let her children go—on a promise of reunion as soon as might be.

To succeed an almoner must be a woman of education; she must be intelligent; she must have her emotions firmly under control so that her sympathy itself is bracing. She must have the art of inspiring confidence, be skilful in the use of words and discreetly tactful. She must have imagination and use it—not only to explore a Utopian plan, but also to find ways of making others believe it feasible. Not everyone can expect to achieve this, but given a reasonably cultured family background to ensure an “education,” and given opportunities such as a University offers for learning how to make contacts the word “impossible” is hardly in her vocabulary.

Now of course I have been painting high lights whereas there is a deal of shade, much of it dismally enduring. One-third of a family doctor's work comes from one-tenth of his patients' list. They are the feckless folk, who don't know how to manage their lives, their homes, their children and their difficulties. The almoner will often work not for the “normally” inefficient, but for the more difficult and distressful, who have the extra burden of ill-health, acute illness, accident or actual disaster. So to her general education in social work, she must add experience of hospitals, of nursing conditions, of the medical aspects of human relations and human suffering. This is the reason why, after the usual two years spent in obtaining an academic diploma or degree she must spend at least another in practical work in hospital.

Doctors have begun to realise that many of the occupants of ward beds need as much attention to their social difficulties as to their physical. In the past we really knew little and—so far as the patients could see—cared little about their domestic difficulties and hazards. To-day in every fully-staffed hospital there must be an intensively trained and highly intelligent almoner, to keep us from forgetting half the help at the disposal of our family of patients. It is her job with supreme tact to find out what hardships and heartaches are in the background of the present illness; it is her job to make sure that the discharged patient and his relations understand how the situation stands, what the doctor's instructions mean, and how help can be given through the family doctor.

The almoner is an expert on human relations as they are disturbed by illness, injury, disease, old age and senility, family troubles and emotional crises. This is her field and she ought not to have her time wasted on the executive details required to put in motion the innumerable agencies from amongst which she selects. That should be done by competently trained people, but trained in another though an associated skill.

Even that is not enough. What we have to do is to produce more almoners. It has been calculated that something like three thousand would be needed for the whole country. There are, in fact, practising and retired, about one thousand.

At the present rate of wastage, not hundreds, but merely tens can be added each year to the working total. At the moment, with the best will in the world, the Training Branch of the Institute cannot turn out more. Prospective students have had no financial assistance hitherto, such as a host of others pursuing professional trainings have enjoyed from the Ministry of Education. Nowadays no higher educational course can be run on the fees paid by the students. The Institute had come close to the verge of financial disaster when at last something has been done by the Treasury to ease the burden. In the new conditions more student entrants may be expected, but the matter is urgent. How is the present demand to be met? It is hoped that other Universities will follow the example of Edinburgh and provide in the teaching or associated hospitals for the third year of special medical training to follow their two-year social studies course.

At this moment the staff of every good hospital not already so provided should be saying "An almoner, please." When none can be made available various expedients have been suggested, none of them really satisfactory. If it be found possible to separate the social welfare work of a hospital into that which does and that which does not require the special medical knowledge of an almoner, other trained social workers might be entrusted with some of the work, definitely under the supreme direction of an almoner.

There are grave difficulties with any such expedients, but I doubt if they are insurmountable. The title "Almoner," with all it implies of strict training in hospital *after* the University diploma, should not be extended to those imperfectly qualified. Perhaps some alternative title such as "Welfare Associate" could be adopted. In any case an alliance must be established between the almoner in hospital and all the workers without. The health visitor, for example, should be at home in the almoner's office. The distinction between the almoner and the health visitor is not always appreciated. The function of the visitor is primarily educational. She must teach hygiene, sanitation, habitual cleanliness and establish lasting relations with the young families of her district.

The almoner's task is to set people firmly on their own feet. By counsel she must lead them to solve their own problems. She must not let them become dependent upon her. She must deliberately withdraw at the right moment, though ready enough to renew the relationship if the struggle becomes too hard for the weaker brethren. She is not technically a "psychiatric social worker" (their field is almost entirely outside the wards of a mental hospital), but she must be no mean psychologist—or shall we rather say—"student of human behaviour."

There is a great deal of hidden misery and suffering among the elderly and especially the lonely old people. It is not the almoner's job to seek out such people, but at least those who from time to time do reach hospital ought never to be lost sight of, and the almoner, with very inadequate resources, must try to ameliorate their lot. That she cannot do all she wishes is because there is a gap in the official organisation—between the sick and the destitute. Nobody need

be really "destitute," but many are neither fit for hospital nor fit for Part III accommodation. With all the goodwill in the world, voluntary organisations are unable to deal with the problem.

The need for more almoners is the greater because there is also a place for them in industrial health schemes and in big industrial organisations. It is a revelation to discover what a volume of work pours in on a good almoner when attached to factories where the need for any such person had been scouted by the management before her appointment. I doubt whether industry yet appreciates the value of a first-rate almoner as an agency for diminishing time lost to production through illness, invalidism, anxiety and family troubles. I doubt whether workmen appreciate how much steadier their earnings will be if they have all the help to which they are entitled in sickness and in home worries. I doubt whether local authorities realise how much their administrative and medical and sanitary services can be helped by an alliance between their health visitors, their midwives, their home nurses and home helps and the almoner. I know that at present few, if any, general practitioners have any idea how their labours could be eased and their fatigue lessened were there almoners enough to be shared amongst groups of them, working in association or on a rota system.

I want to leave on your minds the idea of the almoner as a full member of the team of doctors, sisters, nurses, radiologists, pathologists, physiotherapists and so on, into whose total care the entrant to hospital shall fall. If that is realised, her part in the teaching, not only of almoner students, but of medical students also, will be appreciated and exploited; but she will not take her proper place unless, on the highest level, she also assists with the research which, in every medical unit, is the witness of its aliveness and worth. Certainly when concerned with disease as it affects the population rather than the individual, she may be indispensable.

I have failed in my presentation of the almoner's case if I have not persuaded parents that almonry offers a career for their daughters that will be found satisfying, reasonably well paid and of great value to the community.

I hope, too, that my words may reach the ears of headmistresses who may safely and wisely advise their senior scholars not to overlook the chances of happy and useful service offered by the almoner's profession. I hope my words will not be lost on University Authorities, for I believe they can now do a service to the community by extending their Social Science Department to the production of fully fledged almoners.

I know no work open to women (and to a few men) that develops a wiser, happier or more valuable personality.